

Aviation / Pilot Questionnaire

SECTION I: AGENT INFORMATION

Full Name of Agent

Address Line 1

Address Line 2

City, State, Zip

E-Mail

Business Phone

Cell Phone

Home Number

Fax Number

SECTION II: CLIENT BACKGROUND INFORMATION

Full Name

Sex

Male

Female

Date of Birth

Height

Weight (if weight changed in the last 12 months,
please indicate)

Type of Product

- Term Life
- Universal Life
- Whole Life
- Second to Die
- Variable Life

Coverage Amount

Desired Premium Range

Occupation (If not currently employed, explain i.e.
Retired, Disabled, Social Security Disability,
Workmans Comp)

Ever used nicotine

- Yes
- No

Still using nicotine

- Yes
- No
- Not Applicable

Date Stopped

List types of nicotine used

SECTION III: CLIENT MEDICAL INFORMATION

Most significant medical problem

Date condition first diagnosed

Is client currently seeing a doctor for the above condition

- Yes
- No

Date of last visit

Most recent BP reading

List all medications, including dosage and frequency, that the client is currently taking:

List any immediate relatives (parents or siblings) who have died of heart disease, cancer, or diabetic complications prior to the age of 60:

Describe any other impairment, medical or otherwise, which may affect the underwriting process:

Prior company action (Name of company, rating, premium)

Types and dates of surgery or hospital treatment?

SECTION IV: AVIATION SPECIFIC QUESTIONS

How many total flying hours has the client logged?

How many of those flight hours were solo?

How many of those hours were in the last 12 months?

How many flight hours does the client anticipate in the next 12 months?

Please list all FAA recognized licenses currently held (Private, Commercial, CFI, MEI, Instrument, etc):

Please provide approximate percentage of flying time performed for COMMERCIAL reasons:

Please provide approximate percentage of flying time performed for PRIVATE reasons:

On what date did the client fly last?

List the types of aircraft (make, number and type of engines) the client is likely to fly:

If business use, specify type of business?

Commercial

Charter

Where does the client fly to?

List any additional information which may impact the underwriting process:

Is the client an active instructor?

Yes

No

Does the client have any of the Below?

Instrument (IFR)?

Visual Flight Rating (VFR)?

Airline Transport Pilot (ATP)?